## JUN 0 2 2005 PART B - FEE(S) TRANSMITTAL

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JUN 0 1 2005	his form, together wit	smitting the ISSI	or <u>F</u>	ax UBLIC	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000 ATION FEE (if requi	r Patents inia 22313-1450	should be completed where
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EV 312958512 US					June	Gah	(Signature)
				<u> </u>		<i>b</i> -1	-0.5 (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,505	10/646,505 08/22/2003 Ilya Reyzin					DP-309923	9673
TITLE OF INVENTION: C	OOLING ASSEMBLY						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400			\$300	\$1700	06/06/2005
EXAMINER ART							
FLANIGA	3753			165-104210	•	<b>;</b>	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 regist 2 re				rinting on the patent front page, list names of up to 3 registered patent attorneys as OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to cred patent attorneys or agents. If no name is on name will be printed.  Patrick M. Griffin  2  3  3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY 2005 FFANAIA3 00000082 500831 10646505							
(A) NAME OF ASSIGN DELPHI TECHNO Please check the appropriate			;	TROY	MICHICA	01 FC:1501 140 02 FC:1504 30	00000082 500831 10646505 0.00 DA 0.00 DA 6.00 DA group entity  Government
Publication Fee (No small entity discount permitted)					nount of the fee(s) is en t card. Form PTO-2038 hereby authorized by comber	is attached.  harge the required fee(s), o	or credit any overpayment, to copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See a is requested to apply the Issu	37 CFR 1.27.				LL ENTITY status. See 37	
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Authorized Signature Suca Consh Date 6-1-05							
Typed or printed name	Susan	Gris			Registration		
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